

# BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/852875

### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                |                                     |
|----------------------------------|----------------|-------------------------------------|
| TOTAL CLAIMS                     | 17             | <input type="checkbox"/>            |
| FOR                              | NUMBER FILED   | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | 17 minus 20= * | <input checked="" type="checkbox"/> |
| INDEPENDENT CLAIMS               | 4 minus 3 = *  | <input type="checkbox"/>            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                | <input type="checkbox"/>            |

SMALL ENTITY  
TYPE

|           |        |           |        |
|-----------|--------|-----------|--------|
| RATE      | FEES   | RATE      | FEES   |
| BASIC FEE | 355.00 | BASIC FEE | 710.00 |
| X\$ 9=    |        | X\$18=    |        |
| X40=      |        | X80=      | 80     |
| +135=     |        | +270=     |        |
| TOTAL     |        | TOTAL     | 190    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
|--|---|---|------------------|--------------------------|
|  |   |   | Minus            | =                        |
| Total  | *   | Minus                                       | **               | =                        |
| Independent                                    | *   | Minus                                       | ***              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                  |                   |                  |                   |
|------------------|-------------------|------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE             | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | X\$18=           |                   |
| X40=             |                   | X80=             |                   |
| +135=            |                   | +270=            |                   |
| TOTAL ADDIT. FEE |                   | TOTAL ADDIT. FEE |                   |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
|--|---|---|------------------|--------------------------|
|  |   |   | Minus            | =                        |
| Total  | *   | Minus                                       | **               | =                        |
| Independent                                    | *   | Minus                                       | ***              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  | <input type="checkbox"/> |

|                  |                   |                  |                   |
|------------------|-------------------|------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE             | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | X\$18=           |                   |
| X40=             |                   | X80=             |                   |
| +135=            |                   | +270=            |                   |
| TOTAL ADDIT. FEE |                   | TOTAL ADDIT. FEE |                   |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
|--|---|---|------------------|--------------------------|
|  |   |   | Minus            | =                        |
| Total  | *   | Minus                                       | **               | =                        |
| Independent                                    | *   | Minus                                       | ***              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  | <input type="checkbox"/> |

|                  |                   |                  |                   |
|------------------|-------------------|------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE             | ADDITIONAL<br>FEE |
| X\$ 9=           |                   | X\$18=           |                   |
| X40=             |                   | X80=             |                   |
| +135=            |                   | +270=            |                   |
| TOTAL ADDIT. FEE |                   | TOTAL ADDIT. FEE |                   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.